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JUL 15 2004

Technology Center 2100

COPY

Assistant Commissioner for Patents
Washington, D.C. 20231

Date 3 / 28 / 00
Mo. Day Yr.

Atty. Docket 169.1585

Application No. 09/493,220

Sir:

Kindly acknowledge receipt of the accompanying:

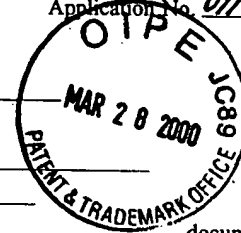
- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☒ Claim for priority and certified copies of FIVE (5) priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. SWF:cyw

Due Date 7 / 10 / 10
Mo. Day Yr.

37 CFR 1.8 ☐
37 CFR 1.10 ☐
By Hand ☒



FOHS-B-95



In re Application of:

ALISON JOAN LENNON

Application No.: 09/493,220

Filed: January 28, 2000

For: BROWSING ELECTRONICALLY-
ACCESSIBLE RESOURCES

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 45	MINUS	** 48	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Docket No. 00169.001595

Examiner: H. Pham

Group Art Unit: 2172

Date: July 7, 2004

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☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$___ to cover the fee for a __ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill

Registration No. 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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